

APPLICATION FOR EMPLOYMENT



FIRE DEPARTMENT CITY OF RICHMOND

AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____

DATE COMPLETED AND RETURNED: _____

I am applying for:

- ☐ Part Time
- ☐ Full Time

**RETURN TO
HUMAN RESOURCES DEPARTMENT
402 MORTON STREET
RICHMOND, TEXAS 77469
(281) 342-5456**

FIRE DEPARTMENT CITY OF RICHMOND

112 Jackson Street, Richmond, TX 77469

EMPLOYMENT APPLICATION INSTRUCTIONS

1. Print in ink or type.
2. Fill in all blanks completely. Use N/A where not applicable.
3. Read all statements carefully and sign all necessary places.
4. Copies of the following items must be attached to the application if applicable:
 - A. Birth Certificate
 - B. Texas Driver's License
 - C. Social Security Card
 - D. High School Transcripts
 - E. High School Diploma or G.E.D.
 - F. Texas Commission on Fire Protection Firefighter Basic Certification
 - G. Texas Department of Health EMT Basic Certification
 - H. College Transcripts (if applicable)
 - I. College Degree(s) (if applicable)
 - J. Any Firefighting Certificates (if applicable)
 - K. Military 214 Forms (if applicable)

I HAVE CAREFULLY READ THE STATEMENTS ABOVE AND FULLY UNDERSTAND THEM.

Signature of applicant

Date

FIRE DEPARTMENT CITY OF RICHMOND

112 Jackson Street, Richmond, TX 77469

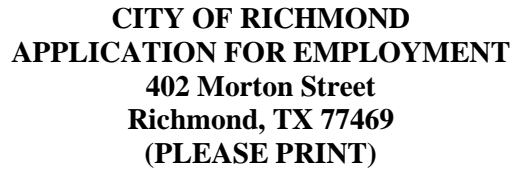
CONDITIONS OF EMPLOYMENT

1. Before employment as a firefighter by the City of Richmond, you must pass a physical examination and a drug screening by a physician of the City's choice.
2. If employed as a firefighter by the City of Richmond, you must possess a valid Texas driver's license of the type required to operate our fire apparatus no later than thirty (30) days following your date of employment.
3. Prior to the date of employment by the City of Richmond, you must possess certification or be certifiable as a Firefighter Basic through the Texas Commission on Fire Protection and possess certification as an EMT- Basic through the Texas Department of Health.
4. If employed by the City of Richmond as a firefighter, you must pass a written and practical exam through Fort Bend County Emergency Medical Services and Medical Director, Benjamin E. Oei, M.D. FACP and be approved to perform the Richmond Fire Department Standing Delegation Orders for EMT-Basic, no later than sixty (60) days following your employment date.
5. If employed by the City of Richmond as a firefighter, you must achieve certification as an EMT-Intermediate through the Texas Department of Health and pass a written and practical exam through Fort Bend County Emergency Medical Services and Medical Director, Benjamin E. Oei, M.D. FACP and be approved to perform the Richmond Fire Department Standing Delegation Orders for EMT-Intermediate, no later than twelve (12) months following your employment date.
6. If employed by the City of Richmond as a firefighter, you will be on probation for a period of one (1) year. You will be retained as a permanent employee only if your performance during the one year probation period is satisfactory and you meet the above mentioned requirements.
7. If employed by the City of Richmond as a firefighter, you will not be allowed to use any tobacco product while on duty.
8. I understand that this is not a contract of employment. I understand and agree that my employment is at will and can be terminated by me or my employer, with or without notice, at any time, for any reason or no reason.

I have carefully read the statements above and fully understand them.

Signature of Applicant

Date



Position applied for: _____	Application Date: _____						
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Name _____ <small>(Last) (First) (Middle)</small> </div> <div style="width: 65%;"> _____ <small>Maiden name or Other names by which you have been known</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Address _____ <small>(Number) (Street) (City) (State) (Zip)</small> </div> <div style="width: 65%;"> Telephone _____ <small>(Home) (Work) (Cell)</small> </div> </div> <div style="margin-top: 10px;"> E-mail Address: _____ </div> <div style="margin-top: 10px;"> How did you learn about this position? _____ </div> <div style="margin-top: 10px;"> Date available for work: _____ </div> <div style="margin-top: 10px;"> Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 5px;"> Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 5px;"> Do you have a valid Texas Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No CDL(if applicable) _____ </div> <div style="margin-top: 5px;"> Do you have any relatives working for the City of Richmond? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", list name and relationship) _____ </div>							
Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors or felonies) within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date and explain _____ _____							
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five (5) years: _____ _____							
EDUCATION	Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Type of School	Name & Location	Semester Hours	Graduated Yes No	Type of Diploma or Degree	Major	Date Received
	High School			<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
	College or University			<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
Technical or Vocational			<input type="checkbox"/> <input type="checkbox"/>				
			<input type="checkbox"/> <input type="checkbox"/>				
LICENSES / CERTIFICATION	Type		License/Certificate Number (if applicable)		Expiration Date		

Complete the following. Do not say "See Resume." Start with your most recent employment and work back. Be sure to include employer's mailing address and phone number. List employment for previous 10 years. Include military service and volunteer activities, if any.

May we contact your present employer for reference? ☐ Yes ☐ No

EMPLOYMENT RECORD

1

Name of employer

Area Code & Phone Number

Address (Street & No., City, State, Zip)

Dates of employment (month / year)

Title of Position

Salary
Starting \$ per
Ending \$ per

Reason for Leaving

Name of Immediate Supervisor

Number of Employees You Supervised, if any

Description of duties, responsibilities, accomplishments:

2

Name of employer

Area Code & Phone Number

Address (Street & No., City, State, Zip)

Dates of employment (month / year)

Title of Position

Salary
Starting \$ per
Ending \$ per

Reason for Leaving

Name of Immediate Supervisor

Number of Employees You Supervised, if any

Description of duties, responsibilities, accomplishments:

3

Name of employer

Area Code & Phone Number

Address (Street & No., City, State, Zip)

Dates of employment (month / year)

Title of Position

Salary
Starting \$ per
Ending \$ per

Reason for Leaving

Name of Immediate Supervisor

Number of Employees You Supervised, if any

Description of duties, responsibilities, accomplishments:

4

Name of employer

Area Code & Phone Number

Address (Street & No., City, State, Zip)

Dates of employment (month / year)

Title of Position

Salary
Starting \$ per
Ending \$ per

Reason for Leaving

Name of Immediate Supervisor

Number of Employees You Supervised, if any

Description of duties, responsibilities, accomplishments:

5

Name of employer

Area Code & Phone Number

Address (Street & No., City, State, Zip)

Dates of employment (month / year)

Title of Position

Salary
Starting \$ per
Ending \$ per

Reason for Leaving

Name of Immediate Supervisor

Number of Employees You Supervised, if any

Description of duties, responsibilities, accomplishments:

REFERENCES	List names, addresses, and phone numbers of three persons, other than relatives, who have knowledge of your character, experience, and ability.		
	NAME	ADDRESS	TELEPHONE #
APPLICANT'S STATEMENT	<p>I certify that the information given be me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for immediate dismissal. I understand that the City of Richmond is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment. I understand that I will be required to authorize release of financial information, including credit history information, if I apply for a job in law enforcement or a job handling money.</p> <p>I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Richmond all information relative to my employment, work habits, and character and hereby release such individuals, organizations and the City of Richmond from any liability for any claim or damage which may result.</p> <p>I understand that once a conditional offer of employment is received, that I will submit to a pre-employment physical and drug screen, and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass all testing required.</p>		
APPLICATION MUST BE SIGNED	<div>Applicant Signature</div> <div>Date</div>		

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AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Richmond Fire Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining eligibility for employment by the City of Richmond Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above and from any subsequent use of such information in determining my eligibility and qualifications to serve as an employee of the Richmond Fire Department.

Applicant's Signature: _____ Date: _____

State of Texas
County of _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, _____.

(PERSONALIZED SEAL)

Notary Public's Signature